

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

Do not use this space.

**1. PLACE OF DEATH**

County.....  
 Township.....  
 City St. Louis (No. 3734, Tholozan

**FEB 8 1937** 791  
 Registration District No. ....  
 Primary Registration District No. 1003

File No. 3465  
 Registered No. 497  
 St. .... Ward)

**2. FULL NAME** Annabell Carrico

(a) Residence, No. 3734 Tholozan St. 16 Ward. 1  
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Walter Carrico

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 12, 1905

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
31 1 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home  
 10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

13. NAME Charles Wehner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Sophia Daiger

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

17. INFORMANT Walter Carrico  
 (ADDRESS) 3734 Tholozan Avenue

18. BURIAL, CREMATION, OR REMOVAL PLACE SS. Peter & Paul DATE Jan. 15, 1937

19. UNDERTAKER Thick Bros.  
 (ADDRESS) 2201 So. Grand Blvd.

20. FILED JAN 13 1937 J. F. Bredeck  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 1934 to Jan. 12, 1937  
 I last saw him alive on Jan. 12, 1937 Death is said to have occurred on the date stated above, at 2:30 A.M.  
 The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset 1936  
with decompensation

Other contributory causes of importance:

Name of operation..... Date of.....  
 What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide?..... Date of injury....., 19.....  
 Where did injury occur?..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify.....  
 (Signed) J. F. Bredeck M. D.  
 (Address) 2548 S. Grand

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

3545 S. Leland

2-3-20